

Annex – 2

Project - Summary Table

Program Name	Ethiopia Conflict Response Program 2025	
Project Name	The Project to Support the lives and dignity of war-affected people in Afar Region, Ethiopia	
Project Duration	Start Date: 1 st August 2025 End Date: 28 th February 2026	
Background	Afar Region remains heavily impacted by conflict, hosting over 200,000 internally displaced persons (IDPs). Pastoralists are particularly vulnerable due to conflict, climate change, and the Central Ethiopian earthquake, leaving them unable to sustain livelihoods through pastoralism or agriculture. The project area, including Ada'ar and Telalak, faces food insecurity (IPC Phase 4 (Emergency)), with about 90% of residents reporting food shortages. Water and sanitation rehabilitation is lagging; roughly 50% rely on surface water and practice open defecation, while 40% lack soap and handwashing facilities. These conditions endanger women, children, the elderly, and people with disabilities, demanding urgent intervention. Gender-based violence (GBV) is widespread, affecting about 60% of women, while 90% experience female genital mutilation (FGM), causing severe physical and mental health impacts. Required actions include food aid, water supply systems, sanitary item distribution, and gender-segregated latrines for vulnerable groups. Additionally, GBV risk reduction and menstrual health support such as rest rooms and feminine hygiene products are essential.	
Project Target	The project aims to restore life support and dignity to 29,660 vulnerable affected people in Ada'ar, Telalak District and other areas in Afar Governorate. The project will improve food security and water sanitation, and support GBV prevention and women's health.	
Outcomes and Indicators	Outcomes	Indicators
	1. Food Security: Food security for 200 vulnerable target households (1,200 people) will be improved.	1. Over 90% of Post Distribution Monitoring (PDM) subjects were satisfied with the quality and quantity of food received (PDM report)
	2. Improvement of Water, Sanitation, and Hygiene (WASH): Access to safe water supply schemes and hygienic gender-segregated latrines is ensured and hygiene practices of the target population are improved.	2-1. Over 90% of those surveyed in the post-survey were satisfied with the quality and quantity of water in the water supply schemes (post-survey report). 2-2. Over 90% of respondents to the post-survey said that the constructed latrines were safe and hygienic (post-survey results). 2-3. Over 90% report practicing hygienic behavior, such as handwashing with soap (post-survey results).
	3. GBV prevention and women's health support: Reduced GBV risk and improved women's health.	3-1. Over 90% of female post-survey subjects reported reduced risk of GBV when fetching water or using latrines (post-survey results). 3-2. Over 90% of female post-survey participants reported improved menstrual hygiene (post-survey results).

	Outputs	Indicators
	1. 200 households (1,200 people) receive a month's supply of food.	1. List of beneficiaries and receipts (200 households)
Outputs and Indicators	2-1) 2 water supply schemes installed (for 12,000 people in 2,000 households) 2-2) 12 separate latrines for men and women (in 2 schools) 2-3-1) Hygiene products distributed to 1,000 households (6,000 people) 2-3-2) Hygiene education 1,000 households (6,000 people)	2-1) Water supply scheme construction report (2 units) 2-2) Latrine construction (including for disabled persons) report (12 latrines) 2-3-1) Beneficiary list and receipt (1,000 households) 2-3-2) Participant lists and activity reports (1,000 households)
	3-1-1. GBV prevention education (5 times) implemented 3-1-2. Psychological/medical referral of GBV victims 3-2-1. Distribution of feminine hygiene products to 1,200 people 3-3-1. Construction of two menstrual rest rooms (for two schools)	3-1-1. List of education participants (6,080 in total across five sessions and one campaign) 3-1-2. Victim referral reports (30 referrals) 3-2-1. Beneficiary list and receipts (1,200 beneficiaries) 3-3-1. Rest room usage report (2,400 users over 6 months)
Activities	1. Food security: 1-1. Obtain a list of households with pregnant women and infants from the woreda administration and the regional health bureau and select beneficiaries. 1-2. Check for duplication of support with other organizations. 1-3. Flour, cooking oil, beans and salt distributed for 1 month. 1-4. PDM conducted to assess effectiveness of food support.	
	2. Improvement of Water, Sanitation, and Hygiene (WASH): Water supply schemes: 2-1-1. Coordinate with woreda administration, regional finance bureau, water and energy bureau, disaster risk management office, and health bureau to determine site and management responsibilities. 2-1-2. Maintain or upgrade to solar system for two water supply schemes, including construction and rehabilitation of pipelines, boreholes, water points, and reservoirs, establish a complaint line. 2-1-3. Elect Water Management Committee (WASHCo) members from among community residents, provide training, and develop a maintenance and sustainability plan. 2-1-4. Conduct post-survey Installation of latrines: 2-2-1. Coordinate installation sites and discuss management responsibilities with each Woreda health bureau and schools. 2-2-2. Construct latrines. 2-2-3. Elect latrine management committee members from among community residents, provide training, and develop a maintenance and sustainability plan. 2-2-4. Conduct post-survey Sanitation improvement: 2-3-1. Coordinate with each Woreda health bureau and women and children's affairs office. 2-3-2. Select beneficiaries from the list of vulnerable persons provided by the government. 2-3-3. Distribute WASH non-food items (NFI). 2-3-4. Conduct hygiene education sessions. 2-3-5. Conduct PDM for WASH NFI and post-survey to assess the effectiveness of hygiene education.	

	3.GBV prevention and women's health support: GBV: 3-1-1. Coordination with Woreda administration, hospitals and schools and the Regional Health Bureau, the Bureau of Women and Children Affairs, and the Protection Cluster focal persons. 3-1-2. Establishment of GBV case response system in collaboration with Women Protection Officer and specialized agencies. 3-1-3. Implementation of GBV prevention education. 3-1-4. Referral of GBV survivors to medical and psychosocial care services. 3-1-5. Post-event survey of GBV education participants Women's health: 3-2-1. Coordination with relevant stakeholders, similar to GBV activities. 3-2-2. Selection of beneficiaries. 3-2-3. Distribution of sanitary hygiene kits for women. 3-2-4. Post-distribution monitoring (PDM) of the beneficiaries. Girls' health: 3-3-1. Coordination with two target schools. 3-3-2. Establishment of menstruation management rest room. 3-3-3. Placement of educational booklets on menstruation and physical/mental health, and assignment of female staff in the rest rooms. 3-3-4. Post-survey with female students.
Beneficiary Selection	Vulnerable affected people (including IDPs, host population/pastoralists): 29,660 (13,050 men, 16,610 women): 1. Food beneficiaries: 1,200 (600 men/ 600 women) 2. Water and sanitation beneficiaries: 18,750 -Water supply schemes: 2,000 households (12,000 people: 6,000 men/ 6,000 women) -Latrine use: 750 (450 men/ 300 women) -Sanitary goods and hygiene education: 6,000 (3,000 men/ 3,000 women) 3. GBV and women's health: 9,710 -GBV education: 6,080 (3,000 men/ 3,080 women) -Menstrual product receipt: 1,200 women -GBV support: 30 women -Rest room use: 2,400 women
Monitoring	For the food component, PDM will assess whether the distributed food met beneficiaries' needs and satisfaction with its quantity and quality. Findings will inform future improvements. For WASH, water pumping and quality checks will be conducted to ensure sanitation. Beneficiary satisfaction with water quantity and quality will be assessed through a post-survey, and a complaint mechanism will be established to support maintenance and ensure access to safe water. PDM will also evaluate whether hygiene kits met beneficiaries' needs and satisfaction levels. The effectiveness of hygiene education will be assessed through post-surveys, checking behavioral changes such as handwashing and safe water transport. For GBV and women's health, knowledge of GBV causes and prevention will be evaluated through post- surveys for male and female participants. For female beneficiaries, changes in perceived risk when fetching water or using latrines will be assessed. Improvement in menstrual hygiene practices will also be measured in post- surveys to guide future programming.